

Correspondence

The Editorial Board will be pleased to receive and consider for publication correspondence containing information of interest to physicians or commenting on issues of the day. Letters ordinarily should not exceed 600 words, and must be typewritten, double-spaced and submitted in duplicate (the original typescript and one copy). Authors will be given an opportunity to review any substantial editing or abridgement before publication.

Use of Botulinum Toxin

TO THE EDITOR: In the Correspondence section of the October issue, Nancy M. Newman, MD, wrote regarding the use of botulinum toxin as an alternative therapy for hemifacial spasm.¹

It is my understanding that this botulism titer is no longer available because the company that was producing it was unwilling to accept the potential liabilities associated with the production of the toxin. I would appreciate receiving any information you may have in regard to the availability of this potentially useful drug.

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REFERENCE

1. Newman NM: Chemical Denervation for hemifacial spasm (Correspondence). West J Med 1986 Oct; 145:520

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TO THE EDITOR: In her letter,¹ Dr Newman is quite correct in pointing out that small doses of botulinum toxin can be used to successfully treat some patients with essential blepharospasm.

This form of treatment has not been recommended, however, for hemifacial spasm. Hemifacial spasm is considered to be an entirely different clinical entity. Chemical denervation of the entire facial musculature, to my knowledge, is not being done.

I would hope that you would make this correction in the Correspondence section of the journal so that others might not consider the use of botulinum toxin appropriate for hemifacial spasm.

JAMES E. BENECKE, Jr, MD
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REFERENCE

1. Newman NM: Chemical Denervation for hemifacial spasm (Correspondence). West J Med 1986 Oct; 145:520

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Dr Newman Responds

TO THE EDITOR: Dr Hayes asks for information about the availability of botulinum toxin. For a time it was not available because of difficulties with obtaining liability insurance. There was no problem with the producing company "being uncomfortable with the potential liabilities." It is available now, with the insurance problems having been solved.

In response to Dr Benecke's comments, hemifacial

spasm has been quite successfully treated by a number of investigators over the last several years.¹

Dr Benecke is correct that chemical denervation of the entire facial musculature is not done; however, the orbicularis is treated as in blepharospasm and additional injections in the mid-face, around the mouth, and the chin, can achieve a quite normal face with very little extraneous movement without functional weakness and drooling.

I have personally used this treatment in patients who have previously had one and two unsuccessful posterior fossa procedures for decompression of the VIIth nerve, as well as in patients who have not previously had operations.

As mentioned in my original letter, chemodenervation currently has the disadvantage of needing to be repeated; however, I believe this to be an important alternative to surgical procedures currently available and, frequently, the only highly effective treatment available to those patients who have had failed surgical procedures.

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REFERENCE

1. Savino PJ, Sergott RC, Bosley TM, et al: Hemifacial spasm treated with botulinum A toxin injection. Arch Ophthalmol 1985 Sep; 103:1305-1306

Nonindigents in the AHCCCS Plan

TO THE EDITOR: The correction in the September issue¹ by Jane Orient, MD, to her article on the Arizona Health Care Cost Containment System (AHCCCS) in the July issue² was correct, until she attempted to interpret it.

In her correction, Dr Orient said, "The inclusion of indigents has not occurred" should read "The inclusion of nonindigents has not occurred." That correction was absolutely proper. She then, however, added, "Or perhaps better, 'non-indigents have not elected to join any of the plans.'" That statement is absolutely incorrect.

AHCCCS regulates the prepaid health plans with which it contracts and has not yet authorized them to market to the private sector. In short, nonindigents cannot join any AHCCCS plan because the plans are not permitted to accept them. One of those plans has formed a separate corporation regulated by the State Department of Insurance to offer coverage in the private sector. It now has an estimated 46,500 private sector members.

In about a year, the AHCCCS health plans will be permitted to offer coverage to nonindigents. We have received a